

## PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

The Honorable Ernest J. Istook Jr.:

In keeping with the restrictions of the Privacy Act, I hereby authorize you and your staff to request any information from any federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic or any other means of communication. The federal agency or department is authorized to furnish you copies of any documents, correspondence or information relative to my inquiry.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other ID (OWCP#, CSA#, File#, Acct.#): \_\_\_\_\_

Briefly explain the problem. (Attach **copies** of any relevant documents.)

---

---

---

---

---

---

---

---

---

---

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return to  
Congressman Ernest Istook  
120 N Robinson, Suite 100  
Oklahoma City, Ok 73102  
(405) 234-9900  
fax (405) 234-9909